

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
800.950.7372
Fax: 763.582.6002

Overnight
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



Annuity application

1
Owner

Select one: ☐ Individual ☒ Trust ☐ Custodian ☐ Qualified retirement plan
U.S. Citizen? ☒ Yes ☐ No
(If no, complete W8-BEN)

☐ Male
☐ Female

147-42-4874

Social Security number/TIN

Date of birth

The Brody Family Trust

First name/trust/corporation name

M.I.

Last name

395 Wekiu Place

Street address (No PO Box)

Lahaina

HI

96761

(808) 214-6146

City

State

ZIP code

Telephone number

Kathy Diane Ryan

Trustee's full legal name (if trust is named)

02-09-1993

Date of trust

Joint owner
Must be
an individual.

N/A

Social Security number

Date of birth

U.S. Citizen?
☐ Yes ☐ No
(If no, complete W8-BEN)

☐ Male
☐ Female

First name

M.I.

Last name

Relationship to owner

Street address (No PO Box)

City

State

ZIP code

Telephone number

Annuitant
If other than
owner or if owner
is a non-individual.

147-42-4874

Social Security number

10-07-1950

Date of birth

U.S. Citizen?
☒ Yes ☐ No
(If no, complete W8-BEN)

☐ Male
☒ Female

Kathy

D

Ryan

Self

First name

M.I.

Last name

Relationship to owner(s)

395 Wekiu Place

Address

Lahaina

HI

96761

(808) 214-6146

City

State

ZIP code

Telephone number

2
Beneficiary designation*
Individual owner/
Joint owner cannot
be a beneficiary.
Unless otherwise
specified, the
surviving
beneficiaries within
a class will
share equally.

Primary

Select one: ☐ Individual ☐ Corporation ☒ Trust

The Brody Family Trust

147-42-4874

Self

100 %

Primary beneficiary

Social Security number/date of trust

Relationship to owner(s)

Percent

Primary

Select one: ☐ Individual ☐ Corporation ☐ Trust

Primary beneficiary

Social Security number/date of trust

Relationship to owner(s)

Percent

Contingent

Select one: ☐ Individual ☐ Corporation ☐ Trust

Contingent beneficiary

Social Security number/date of trust

Relationship to owner(s)

Percent

Contingent

Select one: ☐ Individual ☐ Corporation ☐ Trust

Contingent beneficiary

Social Security number/date of trust

Relationship to owner(s)

Percent

*Use Supplemental Beneficiary Designation Form (NB2292) if more space is needed.

3**Tax plan**Indicate how
this contract
should be issued.**Nonqualified**

- ☐ 1035 exchange
☒ Other Checking

Qualified

- ☐ Transfer ☐ Rollover
☐ IRA ☐ Roth IRA ☐ Qualified retirement plan
☐ SEP IRA ☐ Custodial IRA ☐ 401K
☐ Simple IRA ☐ HR10/Keogh

Contribution for tax year 20 _____

☐ Beneficial IRA (NOTE: A tax code must be selected above in addition to this option).
 Not available on all products.

If 1035 exchange or tax-qualified transfer, complete the Authorization to Transfer Funds Form (S2255).

4**Annuity products**Select a product then
select up to 9 (10
for MasterDex X,
365i Annuity,
Endurance Plus
and Allianz 360)
allocations. Indicate
the percentage
for each allocation.**Flexible premium:**

- ☐ Allianz 222[®] Annuity
☐ Allianz 365i[®] Annuity¹
☐ Allianz 360SM Annuity with
 Benefit Rider¹
☐ Allianz Endurance[®] Plus Annuity
☐ Allianz Endurance[®] Elite Annuity
☐ MasterDex 5 PlusSM Annuity
☒ MasterDex X[®] Annuity
☐ Other _____

Allocation percentages

S&P 500[®] Index

- Annual point-to-point (Standard Index): _____ %
- Monthly sum (Standard Index): _____ %
- Annual point-to-point (Select Index):² _____ %
- Monthly sum (Select Index):² 50 %

Nasdaq-100[®]

- Annual point-to-point:³ _____ %
- Monthly sum: _____ %

FTSE 100⁴

- Annual point-to-point:³ _____ %
- Monthly sum: _____ %

EURO STOXX 50^{®5}

- Annual point-to-point:³ _____ %
- Monthly sum: _____ %

Barclays US Dynamic Balance Index⁶

- Annual point-to-point:⁷ _____ %

Russell 2000[®] Index⁶

- Annual point-to-point:³ _____ %
- Monthly sum: _____ %

Blended

- Annual point-to-point:³ _____ %
- Monthly average: _____ %

Fixed Interest

50 %
 = 100%

¹ If taking immediate income, complete the Lifetime Withdrawal Benefit Election form (S2212-Prefd).² Only available on the MasterDex X Annuity, 365i Annuity and Endurance Plus Annuity. Additional charges apply for Select Index Allocation options. Not available if requesting immediate income using the Simple Income II, Simple Income III Rider and Income Maximizer Rider.³ Annual point-to-point with a cap is available.⁴ FTSE 100 is not available on the Endurance Elite, Masterdex X, 365i Annuity, 222 Annuity or Allianz 360.⁵ EURO STOXX 50[®] is available for Endurance Elite and MasterDex X.⁶ Barclays US Dynamic Balance Index and Russell 2000[®] Index are only available for Allianz 222 and 360.⁷ Annual point-to-point with a spread is available.**The allocation percentages must be whole numbers and total 100%.**Select a product
then **circle**
the percentage
for each allocation.☐ Other _____

Allocation percentages (circle your selection)

• S&P 500	0	25	50	75	100
• Nasdaq-100	0	25	50	75	100
• Fixed interest	0	25	50	75	100

The allocation percentages must total 100%.

4**Annuity products can't**

Select a product then indicate the percentage for each allocation.

Single premium:

- ☐ Allianz Dominator Plus® Annuity (select term) ☐ 5 ☐ 10
- ☐ Immediate Elite® Annuity (complete the state-specific Supplemental Application (A3).
- ☐ Other _____

☐ Allianz Pro V1SM Annuity☐ Other _____

Allocation percentages

Barclays Capital U.S. Aggregate Bond Index

• Annual point-to-point: _____ %

PIMCO US Advantage IndexSM

• Annual point-to-point: _____ %

Fixed Interest: _____ %**= 100%****The allocation percentages must be whole numbers and total 100%.****5****Riders**

Rider-specific Statement of Understanding must be submitted with the application.

- ☐ Income Plus Benefit[†]: Fees apply. (available for **MasterDex 5 PlusSM Annuity**)
- ☒ Simple Income II Rider[†]: Fees apply (available for **MasterDex X[®] Annuity**). **Select Index Allocation options are not available if requesting immediate income.**
- ☐ Income Maximizer Rider: Fees apply (available for the **Allianz 365i[®] Annuity**). **Select Index Allocation options are not available if requesting immediate income.**
- ☒ Other Simple Income III Rider

[†]If taking immediate income, complete the Income Plus/Simple Income Benefit Election form (S2212-1).

6**Premium payment**

Cash submitted with application

\$ 50,000.00

Billed premium amount

\$ _____

Transfer/rollover/1035 amount (estimated amount)

\$ _____

Select mode:

☐ Single ☐ Annually ☐ Semiannually ☐ Quarterly☐ Monthly (complete EFT authorization and provide voided check)

Agent-ordered funds (estimated amount)

\$ _____

7**Replacement**

1. Do you have existing life insurance policies or annuity contracts? ☒ Yes⁵ ☐ No
2. Will the annuity contract applied for replace or change an existing policy or contract? ☐ Yes⁵ ☒ No

⁵Complete the appropriate state-specific replacement forms.

8**Additional Questions**

(For the Annuitant, Owner and Beneficiary)

1. Has any party to this application, such as the applicant, proposed annuitant, owner, if other than the applicant, or any beneficiary, entered into or made plans to enter into any agreement to sell or assign the ownership of, or beneficial interest in the applied-for contract? ☐ Yes ☒ No
2. Has any party to this application, such as the applicant, proposed annuitant, owner, if other than the applicant, or any beneficiary, ever sold, transferred or assigned any annuity contract to a third party? ☐ Yes ☒ No

9
**Primary
agent**

<u>01-0015994</u> Agent number	<u>Christopher</u> First name	<u>Salisbury</u> Last name	
<u>(714) 330-6233</u> Telephone number		Commission split percentage <u>100</u> %	
		Production split percentage <u>n/a</u> %	

Agent number	First name	Last name
Telephone number	Commission split percentage	%
	Production split percentage	<u>n/a</u> %

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Neither PIMCO nor any other party involved in, or related to, making or compiling the Index has any obligation to continue to provide the Index to Allianz Life with respect to the annuity. In the event that the Index is no longer available to the annuity or annuity contract owners, Allianz Life may seek to replace the Index with another suitable index, although there can be no assurance that one will be available.

PIMCO disclaims all warranties, express or implied, including all warranties of merchantability or fitness for a particular purpose or use. PIMCO shall have no responsibility or liability with respect to the annuity.

10 Agreements and signatures

By signing below, the contract owner acknowledges the above statements and understands or agrees to the following:

- All statements and answers given in this or any supplemental applications are true and complete to the best of my knowledge;
- If proof of the annuitant's age is not given at the time of application, the annuitant will furnish Allianz proof before payments begin;
- I may return my contract within the right-to-examine period (shown on the first page of my contract) if I am dissatisfied for any reason;
- I believe this annuity is suitable for my financial goals;
- I acknowledge that the agent of record is my insurance agent for purposes of the Allianz Privacy Policy.

If the contract applied for is a fixed index product, I understand that while the values of this contract may be affected by an external index, the contract does not directly participate in any stock, bond or equity investments. I also understand that I do not own any shares of an index fund or any equity or bond investments. Values shown, other than guaranteed minimum values, are not guaranteed promises or warranties. If the contract applied for is subject to market value adjustment (MVA), I understand that the contract may have increased or decreased contract values due to the MVA.

☒ **Telephone authorization** – By checking, I authorize and direct Allianz to act on telephone or electronic instructions from my agent and/or anyone authorized by him/her with regards to limited transactions allowed by Allianz. If the box is not checked, this authorization will be permitted for the contract owner only. Allianz will use reasonable procedures to confirm that these instructions are authorized as genuine. As long as these procedures are followed, Allianz and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost. The electronic transaction privilege may be modified or withdrawn at the discretion of Allianz. This authorization can be revoked at any time with a written cancellation by the contract owner.

Make all checks payable to Allianz. Do not make checks payable to an agency, broker, agent, or leave blank.	
Signed at (city and state) <u>LAHAINA, HI</u>	Signed date <u>10/28/2013</u>
Owner's signature (or trustee, corporate officer*, attorney-in-fact*, if applicable) <u>Kathy Ryan TEE</u>	Owner's e-mail address <u>Kathy.Ryan@Gmail.COM</u>
Joint owner's signature (or trustee, corporate officer*, attorney-in-fact*, if applicable)	Annuitant's signature (if other than owner)
*If company or corporate owned, submit a copy of corporate resolution. Annuities owned by a non-natural person do not qualify for tax deferral and the interest that accumulates in the contract each year must be reported as taxable income.	
*Submit a copy of power of attorney document. The Attorney-in-Fact must sign as follows: Principal's name (usually the owner) by Attorney-in-Fact's name, Attorney-in-Fact	
To be answered by agent: I certify that the statements of the applicant have been correctly recorded.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant have an existing life insurance policy or an existing annuity contract?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will this annuity replace or change an existing life insurance policy or annuity contract?	
During the sales presentation connected with the replacement transaction, I (agent) used only Allianz approved sales materials and left a copy of each piece used with the applicant.	
Agent's signature <u>[Signature]</u>	Date <u>10/28/2013</u>